

College of Graduate and Postdoctoral Studies

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Basic information about the proposed course:

1. Department/Unit: _____ College of: _____
2. _____

(Authorizing Unit Head - PLEASE PRINT)

(Authorizing Unit Head - SIGNATURE)

3. Label, number, and title of course: _____
4. Rationale for deleting this course: _____
5. Impact of deleting this course:
- 5.1 Are the programs/courses of other academic units affected by the deletion of this course?
 No Yes (**Please list**): _____
- 5.2 Were any other academic units asked to review or comment on the proposal?
 No Yes (**Please attach correspondence**) _____

Date of Implementation: _____

Date of Approval by College (of the home academic unit): _____

(Authorizing College Signature (of the home academic unit))

(Name of Person Signing - PLEASE PRINT)